



COPY OF PAPERS
ORIGINALLY FILED

1623
#22
16

PTO/SB/122 (10-00)

Please type a plus sign (+) inside this box → [+]

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/212,556
	Filing Date	December 16, 1998
	First Named Inventor	Shinichi KURAKATA
	Group Art Unit	1623
	Examiner Name	H. Owens, Jr.
	Attorney Docket Number	980689/HG

TECH CENTER 1600/2900

APR 22 2002

Please change the Correspondence Address for the above-identified application to: [X] Customer Number [01933] → <i>Type Customer Number here</i>						 01933 PATENT TRADEMARK OFFICE	
OR							
<input type="checkbox"/> Firm or Individual Name							
Address							
Address							
City		State		ZIP			
Country							
Telephone		Fax					
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.</p>							
Typed or Printed Name		Marshall J. Chick, Reg. No. 26,853					
Signature							
Date		April 9, 2002					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.							

<input type="checkbox"/> Total of _____ forms are submitted.
--

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.